State: District of Columbia First Filing Company: Security National Insurance Company, ...

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: ISO Crime

Project Name/Number: DELAY ISO LC RU /DC-CR-1902-05-9831

Filing at a Glance

Companies: Security National Insurance Company

AmTrust Insurance Company of Kansas, Inc.

Technology Insurance Company, Inc.

Wesco Insurance Company

First Nonprofit Insurance Company

Sequoia Insurance Company

Milford Casualty Insurance Company

Product Name: ISO Crime

State: District of Columbia
TOI: 26.0 Burglary and Theft

Sub-TOI: 26.0001 Commercial Burglary and Theft

Filing Type: Rate/Rule
Date Submitted: 05/04/2018

SERFF Tr Num: UNKP-131487608 SERFF Status: Submitted to State

State Tr Num: State Status:

State Status.

Co Tr Num: DC-CR-1902-05-9831

Effective Date 02/01/2019

Requested (New):

Effective Date 02/01/2019

Requested (Renewal):

Author(s): Denise Freund, Tyrone Settlemier, Charleen Marshall, Sheila Levine, Sharee Cephus, Cheryl

Langdon, Serena Johnson

Reviewer(s):

Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

SERFF Tracking #: UNKP-131487608 State Tracking #:

Company Tracking #: DC-CR-1902-05-9831

State: District of Columbia First Filing Company: Security National Insurance Company, ...

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: ISO Crime

Project Name/Number: DELAY ISO LC RU /DC-CR-1902-05-9831

General Information

Project Name: DELAY ISO LC RU

Status of Filing in Domicile:

Project Number: DC-CR-1902-05-9831

Domicile Status Comments:

Reference Organization: ISO Reference Number: CR-2017-RLA1; CR-2017-REL1

Reference Title: CRIME AND FIDELITY MULTISTATE RULES Advisory Org. Circular: LI-CR-2018-001

AND LOSS COSTS REVISION TO BE IMPLEMENTED IN

VARIOUS JURISDICTIONS

Filing Status Changed: 05/04/2018

State Status Changed: Deemer Date:

Created By: Denise Freund Submitted By: Denise Freund

Corresponding Filing Tracking Number:

Filing Description:

We wish to inform you that we will be adopting the following Insurance Service Organization's (ISO) reference filings effective 02/01/2019:

Type ISO Designation ISO Effective Date Loss Costs CR-2017-RLA1 06/01/2018

Rules CR-2017-REL1 06/01/2018

We will maintain our currently filed and approved Company Loss Cost Multipliers.

Your earliest review and approval is appreciated. Should you have any further questions or wish to discuss the matter further, please feel free to contact me at (646) 354-2453, Sheila.Levine@amtrustgroup.com, or by mail.

Company and Contact

Filing Contact Information

Denise Freund, Sr. C/L Filings Analyst denise.freund@amtrustgroup.com

906 NW 65th Street 561-962-9420 [Phone]

Suite 300

Boca Raton, FL 33487

SERFF Tracking #: UNKP-131487608 State Tracking #:

Company Tracking #: DC-CR-1902-05-9831

State: District of Columbia First Filing Company: Security National Insurance Company, ...

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: ISO Crime

Project Name/Number: DELAY ISO LC RU /DC-CR-1902-05-9831

Filing Company Information

(800) 526-4352 ext. [Phone]

(800) 777-2249 ext. 8194[Phone]

Sequoia Insurance Company CoCode: 22985 State of Domicile: California

31 Upper Ragsdale Drive Group Code: 2538 Company Type:

Monterey, CA 93940 Group Name: AmTrust Financial State ID Number: (888) 704-1384 ext. [Phone] Group

FEIN Number: 94-1067908

Technology Insurance Company, CoCode: 42376 State of Domicile: Delaware

Inc. Group Code: 2538 Company Type: Prop & Cas 400 Executive Boulevard Group Name: AmTrust Financial State ID Number:

4th Floor Group

FEIN Number: 02-0449082 Southington, CT 06489

(860) 529-9006 ext. [Phone]

Wesco Insurance Company CoCode: 25011 State of Domicile: Delaware 400 Executive Boulevard Company Type: Property & Group Code: 2538

4th Floor Group Name: AmTrust Financial Casualty

Group State ID Number: Southington, CT 06489

FEIN Number: 85-0165753 (860) 529-9006 ext. [Phone]

First Nonprofit Insurance Company CoCode: 10859 State of Domicile: Delaware

1 S Wacker Dr. Group Code: 2538 Company Type: Insurance

Suite 2380 Group Name: AmTrust Group Company

Chicago, IL 60606 FEIN Number: 36-3877576 State ID Number:

CoCode: 19879 Security National Insurance State of Domicile: Delaware

Company Group Code: 2538 Company Type: Prop & Cas

4455 LBJ Freeway Group Name: AmTrust Financial State ID Number:

Suite 905 Group

Dallas, TX 75244 FEIN Number: 75-6020448

State of Domicile: Kansas AmTrust Insurance Company of CoCode: 15954

Kansas, Inc. Group Code: 2538 Company Type: Prop & Cas

4455 LBJ Freeway Group Name: AmTrust Financial State ID Number:

Suite 905 Group

FEIN Number: 75-1413993 Dallas, TX 75244 (800) 777-2249 ext. 8194[Phone]

Milford Casualty Insurance CoCode: 26662 State of Domicile: Delaware Company

Group Code: 2538 Company Type: Prop & Cas

4455 LBJ Freeway, Suite 905 Group Name: AmTrust Financial State ID Number: Dallas, TX 75244 Group

SERFF Tracking #: UNKP-131487608 State Tracking #: Company Tracking #: DC-CR-1902-05-9831

State: District of Columbia First Filing Company: Security National Insurance Company, ...

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: ISO Crime

Project Name/Number: DELAY ISO LC RU/DC-CR-1902-05-9831

(877) 528-7878 ext. [Phone] FEIN Number: 39-1190263

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: UNKP-131487608 State Tracking #: Company Tracking #: DC-CR-1902-05-9831

State: District of Columbia First Filing Company: Security National Insurance Company, ...

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: ISO Crime

Project Name/Number: DELAY ISO LC RU /DC-CR-1902-05-9831

Rate Information

Rate data applies to filing.

Filing Method: File and Use

Rate Change Type: Decrease

Overall Percentage of Last Rate Revision: -12.100%

Effective Date of Last Rate Revision: 06/01/2016

Filing Method of Last Filing: File and Use

SERFF Tracking Number of Last Filing: UNKP-130422869

Company Rate Information

	Overall %	Overall %	Written Premium	Number of Policy	Written	Maximum %	Minimum %
Company	Indicated	Rate	Change for	Holders Affected	Premium for	Change	Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
Security National Insurance Company	-26.500%	-21.000%	\$0	0	\$0	-20.000%	-30.000%
AmTrust Insurance Company of Kansas, Inc.	-26.500%	-21.000%	\$0	0	\$0	-20.000%	-30.000%
Technology Insurance Company, Inc.	%	%				%	%
Wesco Insurance Company	-26.500%	-21.000%	\$-289	5	\$1,378	-20.000%	-30.000%
First Nonprofit Insurance Company	%	%				%	%
Sequoia Insurance Company	%	%				%	%
Milford Casualty Insurance Company	-26.500%	-21.000%	\$0	0	\$0	-20.000%	-30.000%

SERFF Tracking #: UNKP-131487608 State Tracking #: Company Tracking #: DC-CR-1902-05-9831

State: District of Columbia First Filing Company: Security National Insurance Company, ...

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: ISO Crime

Project Name/Number: DELAY ISO LC RU /DC-CR-1902-05-9831

Supporting Document Schedules

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A - DELAY ISO ADOPTION
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Certification (P&C)
Bypass Reason:	N/A - DELAY ISO ADOPTION
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A - DELAY ISO ADOPTION
Attachment(s):	TWIT BEET TOTAL
Item Status:	
Status Date:	
Pynassad Itami	District of Columbia and Countywide Less Patie Applysis (DSC)
Bypassed - Item: Bypass Reason:	District of Columbia and Countrywide Loss Ratio Analysis (P&C) N/A - DELAY ISO ADOPTION
Attachment(s):	IN/A - DELAY ISO ADOPTION
Item Status:	
Status Date:	
Olalus Dale.	
Satisfied - Item:	ISO LC ADOPTION REFERENCE
Comments:	
Attachment(s):	DCRFAF.pdf
Item Status:	
Status Date:	

Date:	April 17, 2018	
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Space Reserved for Insurance			
Administrative Use			

1.	INSURER NAME		nce Company of Kans	as, Inc.	
	ADDRESS	4455 LBJ Freew	*		
		Dallas, TX 7524	14		
	PERSON RESPONS	SIBLE FOR FILING	Sheila Levine		
	TITLE Senior Busi	ness Analyst		TELEPHONE	# 646-354-2453
2.	INSURER NAIC #	15954			
3.	LINE OF INSURAN	ICE Commercial E	Burglary and Theft		
4.	RATING ORGANIZ	ZATION ISO			
5.	RATING ORGANIZ	ZATION REFEREN	CE FILING # CR-	2017-RLA1	
6.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rate organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.				
	The insurer's rates w the expense constant			oss costs and the loss cost multiplie	ers and, if utilized,
7.	PROPOSED RATE	LEVEL CHANGE	(21.0) %	EFFECTIVE DATE	February 1, 2019
8.	PRIOR RATE LEV	EL CHANGE	(12.1) %	EFFECTIVE DATE	June 1, 2016
9.			PANY LOSS COST Mappropriate. Use a sep	ULTIPLIER" FORM parate Form for each insurer-selecte	ed loss cost multiplier.)
		DISTRICT OF COLUMOTOR VEHICLE	RATE AND RULE FI	ETS" NT INCOME WORKSHEETS" ILING CERTIFICATION" and nercial and Personal Auto filings of	nly.)
10.	CHECK ONE OF	THE FOLLOWING:			
	futi pol	are revisions of the raicies written on or af	rating organization's pr	-	f insurance. The rates will apply to tive loss costs. This authorization
	_		s to have its loss cost m g Organization Referen	nultipliers and, if utilized, expense nce Filing.	constants be applicable

Date:	April 17, 2018	
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Space Reserved for Insurance
Administrative Use

1.	INSURER NAME		Insurance Compan	У			
	ADDRESS		1 S Wacker Drive				
		Chicago, IL 606	506				
	PERSON RESPON	SIBLE FOR FILING	Sheila Levine				
	TITLE Senior Bus	siness Analyst			TELEPHONE	# 646-354-2453	
2.	INSURER NAIC #	10859	_				
3.	LINE OF INSURA	NCE Commercial I	Burglary and Theft				
4.	RATING ORGAN	ZATION ISO					
5.	RATING ORGAN	ZATION REFEREN	CE FILING #	CR-2017-RLA	1		
6.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rate organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.						
		vill be the combination its specified in the att		ve loss costs ar	d the loss cost multiplie	rs and, if utilized,	
7.	PROPOSED RATE	E LEVEL CHANGE	(21.0) 9	%	EFFECTIVE DATE	February 1, 2019	
8.	PRIOR RATE LEV	EL CHANGE	(12.1) 9	%	EFFECTIVE DATE	June 1, 2016	
9.		JLATION OF COMP pense constraints as a			R" FORM for each insurer-selected	d loss cost multiplier.)	
		'EXPENSE INFORM 'DISTRICT OF COL' 'MOTOR VEHICLE 'PREMIUM SURVE	UMBIA INVESTN RATE AND RULI	MENT INCOM E FILING CEI		ly.)	
10.	CHECK ONE OF	THE FOLLOWING:					
	fu po	ture revisions of the r licies written on or at	rating organization' fter the effective da	s prospective late of the rating	oss costs for this line of g organization's prospect	constants be applicable to insurance. The rates will a ive loss costs. This authori withdrawn by the insurer.	
	_	ne insurer hereby files ly to the above Rating		_	and, if utilized, expense	constants be applicable	

Date:	April 17, 2018	
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Space Reserved for Insurance
Administrative Use

1.	INSURER NAME	Milford Casualty Insurance Company		
	ADDRESS	4455 LBJ Freeway Dallas, TX 75244		
		Bullus, TX 73211		
	PERSON RESPON	SIBLE FOR FILING Sheila Levine		
	TITLE Senior Bus	siness Analyst TELEPHONE # 646-354-2453		
2.	INSURER NAIC #	26662		
3.	LINE OF INSURA	NCE Commercial Burglary and Theft		
4.	RATING ORGANI	IZATION ISO		
5.	RATING ORGANI	IZATION REFERENCE FILING # CR-2017-RLA1		
6.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named rate organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.			
		will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, ats specified in the attachments.		
7.	PROPOSED RATE	E LEVEL CHANGE (21.0) % EFFECTIVE DATE February 1, 2019		
8.	PRIOR RATE LEV	VEL CHANGE (12.1) % EFFECTIVE DATE June 1, 2016		
9.		JLATION OF COMPANY LOSS COST MULTIPLIER" FORM pense constraints as appropriate. Use a separate Form for each insurer-selected loss cost multiplier.)		
	_ " _ "	"EXPENSE INFORMATION WORKSHEETS" "DISTRICT OF COLUMBIA INVESTMENT INCOME WORKSHEETS" "MOTOR VEHICLE RATE AND RULE FILING CERTIFICATION" and "PREMIUM SURVEY FORM" (For Commercial and Personal Auto filings only.)		
10.	CHECK ONE OF	THE FOLLOWING:		
	fut po	ne insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to ture revisions of the rating organization's prospective loss costs for this line of insurance. The rates will a plicies written on or after the effective date of the rating organization's prospective loss costs. This authoriseffective until disapproved by the Superintendent of insurance, or amended or withdrawn by the insurer.		
		ne insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable ally to the above Rating Organization Reference Filing.		

Date:	April 17, 2018	
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Space Reserved for	Insurance
Administrative	Use

1.	INSURER NAME ADDRESS Sequoia Insurance Company 31 Upper Ragsdale Drive Monterey, CA 93940				
	PERSON RESPON	SIBLE FOR FILING	Sheila Levine		
	TITLE Senior Bus	iness Analyst		TELEPHONE	# 646-354-2453
2.	INSURER NAIC #	22985			
3.	LINE OF INSURAL	NCE Commercial E	Burglary and Theft		
4.	RATING ORGANI	ZATION ISO			
5.	RATING ORGANI	ZATION REFEREN	CE FILING # CR-201	17-RLA1	
6.	for this line of insur		reby files to be deemed to	or service purchaser of the name have independently submitted a	
		vill be the combination that specified in the atta		costs and the loss cost multiplie	rs and, if utilized,
7.	PROPOSED RATE	LEVEL CHANGE	(21.0) %	EFFECTIVE DATE	February 1, 2019
8.	PRIOR RATE LEV	EL CHANGE	(12.1) %	EFFECTIVE DATE	June 1, 2016
9.			PANY LOSS COST MUL appropriate. Use a separa	TIPLIER" FORM te Form for each insurer-selecte	d loss cost multiplier.)
	_ " _ "	DISTRICT OF COL MOTOR VEHICLE	RATE AND RULE FILI	" INCOME WORKSHEETS" NG CERTIFICATION" and tial and Personal Auto filings on	ly.)
10.	CHECK ONE OF	THE FOLLOWING:			
	fut po	ure revisions of the r licies written on or af	rating organization's prosp fter the effective date of the		insurance. The rates will apply to ive loss costs. This authorization
	_		s to have its loss cost mult g Organization Reference	tipliers and, if utilized, expense of Filing.	constants be applicable

Date:	April 17, 2018	
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Space Reserved for Insurance
Administrative Use

1.	INSURER NAME ADDRESS				
	PERSON RESPON	SIBLE FOR FILING	Sheila Levine		
	TITLE Senior Bus			TELEPHONE:	# 646-354-2453
2					040-334-2433
2.	INSURER NAIC #				
3.	LINE OF INSURAL	NCE <u>Commercial I</u>	Burglary and Theft		
4.	RATING ORGANI	ZATION ISO			
5.	RATING ORGANI	ZATION REFEREN	CE FILING # CR-201	17-RLA1	
6.	for this line of insur		reby files to be deemed to	or service purchaser of the name have independently submitted a	
		vill be the combination that is specified in the att		costs and the loss cost multiplier	rs and, if utilized,
7.	PROPOSED RATE	LEVEL CHANGE	(21.0) %	EFFECTIVE DATE	February 1, 2019
8.	PRIOR RATE LEV	EL CHANGE	(12.1) %	EFFECTIVE DATE	June 1, 2016
9.			PANY LOSS COST MUL appropriate. Use a separa	TIPLIER" FORM te Form for each insurer-selected	d loss cost multiplier.)
	_ '' _ ''	DISTRICT OF COL MOTOR VEHICLE	RATE AND RULE FILI	" INCOME WORKSHEETS" NG CERTIFICATION" and cial and Personal Auto filings on	ly.)
10.	CHECK ONE OF	THE FOLLOWING:	;		
	fut	ure revisions of the r licies written on or at	rating organization's prosp fter the effective date of t		insurance. The rates will apply to ive loss costs. This authorization
			s to have its loss cost mult g Organization Reference	tipliers and, if utilized, expense of Filing.	constants be applicable

Date:	April 17, 2018	
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Space Reserved for Insurance
Administrative Use

Technology Insurance Company, Inc.

1. INSURER NAME

DISTRICT OF COLUMBIA INSURER RATE FILING ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

	ADDRESS	400 Executive Dri	ive		
		Southington, CT (
	PERSON RESPO	ONSIBLE FOR FILING	Sheila Levine		
	TITLE Senior I	Business Analyst		TELEPHONE	# 646-354-2453
2.	INSURER NAIC	C# <u>42376</u>			
3.	LINE OF INSUE	RANCE Commercial Bu	rglary and Theft		
4.	RATING ORGA	NIZATION ISO			
5.	RATING ORGA	NIZATION REFERENCI	E FILING # CR-2017-	-RLA1	
6.	for this line of in		by files to be deemed to ha	service purchaser of the name ave independently submitted a	
		s will be the combination tants specified in the attac		osts and the loss cost multiplie	rs and, if utilized,
7.	PROPOSED RA	TE LEVEL CHANGE	(21.0) %	EFFECTIVE DATE	February 1, 2019
8.	PRIOR RATE L	EVEL CHANGE	(12.1) %	EFFECTIVE DATE	June 1, 2016
9.		CULATION OF COMPA expense constraints as app		PLIER" FORM Form for each insurer-selected	d loss cost multiplier.)
		_ "MOTOR VEHICLE R	MBIA INVESTMENT IN ATE AND RULE FILINO	COME WORKSHEETS" G CERTIFICATION" and I and Personal Auto filings on	ly.)
10.	CHECK ONE	OF THE FOLLOWING:			
	V	future revisions of the rati	ing organization's prospec er the effective date of the		insurance. The rates will apply to ive loss costs. This authorization
		The insurer hereby files to only to the above Rating (_	liers and, if utilized, expense of	constants be applicable

Date:	April 17, 2018	
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Space Reserved for Insurance
Administrative Use

1. INSURER NAME Wesco Insurance Company		Wesco Insurance Company
	ADDRESS	400 Executive Drive
		Southington, CT 06489
	PERSON RESPON	ISIBLE FOR FILING Sheila Levine
	TITLE Senior Bu	siness Analyst TELEPHONE # 646-354-2453
2.	INSURER NAIC #	25011
3.	LINE OF INSURA	NCE Commercial Burglary and Theft
4.	RATING ORGAN	IZATION ISO
5.	RATING ORGAN	IZATION REFERENCE FILING # CR-2017-RLA1
6.	for this line of insu	hereby declares that it is a member, subscriber or service purchaser of the named rate organization rance. The insurer hereby files to be deemed to have independently submitted as its own filing s costs in the captioned Reference Filing.
		will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, nts specified in the attachments.
7.	PROPOSED RATI	E LEVEL CHANGE (21.0) % EFFECTIVE DATE February 1, 2019
8.	PRIOR RATE LEV	/EL CHANGE (12.1) % EFFECTIVE DATE June 1, 2016
9.		ULATION OF COMPANY LOSS COST MULTIPLIER" FORM spense constraints as appropriate. Use a separate Form for each insurer-selected loss cost multiplier.)
	_	"EXPENSE INFORMATION WORKSHEETS" "DISTRICT OF COLUMBIA INVESTMENT INCOME WORKSHEETS" "MOTOR VEHICLE RATE AND RULE FILING CERTIFICATION" and "PREMIUM SURVEY FORM" (For Commercial and Personal Auto filings only.)
10.	CHECK ONE OF	THE FOLLOWING:
	fu po	ne insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to ture revisions of the rating organization's prospective loss costs for this line of insurance. The rates will apply to plicies written on or after the effective date of the rating organization's prospective loss costs. This authorization effective until disapproved by the Superintendent of insurance, or amended or withdrawn by the insurer.
		ne insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable ally to the above Rating Organization Reference Filing.